

**City of Rocky Mount  
Residential Utility Application Form**

PO Box 1180

Rocky Mount, NC 27802

Fax Number: 252-972-1257

***Required Information***

Name _____		
First	Middle	Last
_____		( ) _____
Social Security Number	Contact Phone Number	

***To Turn-On Utility Services please complete Section A and Deposit Requirements***

**Section A**

Date to turn on services _____		
Service Address _____		
City _____	State _____	Zip _____
Do you _____ Rent	_____ Own	
Landlord _____	Realtor/Lawyer (to verify ownership) _____	
Landlord's Phone Number _____	Realtor/Lawyer's Phone Number _____	
Home Phone Number _____	Work Phone Number _____	Driver's Lic. Number/State _____
Employer _____	Spouse's Name _____	

***To transfer service from one location to another complete Section B  
and Deposit Requirements***

**Section B**

\_\_\_\_\_  
Location to turn off services

\_\_\_\_\_  
Date to turn off services

\_\_\_\_\_  
Location to turn on services

\_\_\_\_\_  
Date to turn on services

***Please update the following information:***

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Driver's Lic. Number/State

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Spouse's Name

***Deposit Requirements***

A utility deposit may be required for new or transferring customers. Deposits are credit-based and range from \$0 to \$400. The primary credit source will be your City of Rocky Mount utility payment history. Utility deposit options are:

1. Letter of Credit from previous utility account from a utility company confirming a good pay history for the past 12 months.

2. Co-signer who must have A utility deposit may be required for new or transferring customers. Deposits are credit-based and range from \$0 to \$400. The primary credit source will be your City of Rocky Mount utility payment history. If you have no City of Rocky Mount utility account the deposit options are: an active account with the City of Rocky Mount for at least 2 years with a Good Pay History

3. \*\*Equifax credit check to obtain credit rating to determine deposit requirement

\*\* I give the City of Rocky Mount my permission to obtain my credit rating from a credit service to determine my deposit requirement for the above address.

\_\_\_\_ Yes  
\_\_\_\_ No

\_\_\_\_\_  
Signature

***To Disconnect Utility Services please complete section C***

**Section C**

_____		_____	
Location to turn off services		Date to turn off services	
<b><i>Forwarding Address</i></b>			
_____			
House No.		Street Name	
_____			
City		State	Zip
_____		_____	_____

Signature\_\_\_\_\_ Date\_\_\_\_\_

Application must be received in the City of Rocky Mount Utility Business Office 3 business days prior to connection/disconnection request. A Customer Service Representative will contact you to confirm receipt of your application.

Please contact our office if you have not received confirmstion within 48 hours prior to your request, or if you have any questions. Our office hours are 8:30 a.m. to 5:00 p.m. Monday through Friday. Our telephone representatives are available at (252) 972-1250from 8:30 a.m. to 7:00 p.m. Monday through Thursday and 8:30 a.m. to 5:00 p.m. on Friday.